COMMENTS FOR THE AUTHOR:  
  
Reviewer #1: This meta-analysis is well designed, written and reported. I only have minor comments.  
  
The introduction is short and while explaining the risk of sternal complications it focus the aim of the study on survival. I believe the introduction should be more structured in sense of survival outcomes rather than possible complications, cosnidering that survival is the main outcome of interest in this study.

- change the introduction to depict survival…  
  
Why have you focused your meta-analysis only on propensity score matched studies? Have you consider to include randomised trials?

- including RCT, there are no RCT specifically looking at DM patients…  
  
The sentence "As a review study, it was exempt from Institutional Board approval and waived of the need for patient consent" is not needed and I would remove it.  
  
I would suggest an independent Newcastle-Ottawa scale table to assess the quality of the studies rather than including the score in the descriptive table.

- Score bias Newcastle-Ottawa scale table in supplement.  
  
It would be nice to see a comparative analysis on major cardiovascular events.

- do we have data on long term MACE and other events ???  
  
Reviewer #2: A Meta-analyses is supposed to use the best available evidence and improve upon them by pooling their numbers to increase the robustness of the conclusions. Doing a metanalyses of propensity matched observational data- when there are numerous well designed RCTS- all of whom have reported outcomes on diabetic patients- does not appeal to me scientifically and methodologically.

- do we have subgroup analysis on DM patients ? add these too…  
  
Please include the RADIAL (NEJM 2018), RAPCO 10 yr outcomes (Circulation Oct 2020) and all other RCTs on bypass conduit/grafting strategy which have included and reported on Diabetic patients and then perform the meta-analyses to generate a Level Ia evidence base.  
  
Please use Forrest plot to display your results rather than funnel plot especially for comparing outcomes across studies  
  
Discussion has to be much more exhaustive:  
Why outcomes reported in ART are different from the previously published observational data including propensity matched analyses of LITA vs BITA  
Why does RADIAL report significant differences at 5 yr whereas ART fail to show difference even at 10 yr  
You have mentioned about increased sternal wound complications with BITA but completely overlooked RCT published by Marc Ruel's grp on use of skeletonized LITA vs BITA and its impact on wound complications  
No mention of HbA1C/glycemic control on sternal complications  
Discussion on having various reported endpoints- MACEI, survival, event free survival, patency- clinically guided cath vs protocol driven cath and its impact on study outcomes/differences  
Radial is a great conduit but what about use of radial for right sided grafts, use in targets with <90% stenosis etc  
  
  
Associate Editor:  
  
A very topical and clinically relevant meta-analysis that is well constructed and reported.  
1. The search strategy seems to include RCT’s but no RCT’s has been included in the meta-analysis. Can the authors expand on this please?  
  
2. Using the inclusion and search criteria the authors have used it seems that there are at least couple of studies that should have been included in the meta-analysis. Both the papers cited below reported long term outcomes in propensity matched diabetic patients where BITA was compared with SITA. The authors are welcome to review these manuscripts and if they agree with the comment then I guess they have to repeat their search and re-do the meta-analysis.  
Gansera et al. 14-Year Results of Bilateral versus Single Internal Thoracic Artery Grafts for Left-Sided Myocardial Revascularization in Young Diabetic Patients. Thorac Cardiovasc Surg. 2017 Jun;65(4):272-277  
Stevens LM, Carrier M, Perrault LP, Hébert Y, Cartier R, Bouchard D, Fortier A, Pellerin M. Influence of diabetes and bilateral internal thoracic artery grafts on long-term outcome for multivessel coronary artery bypass grafting. Eur J Cardiothorac Surg. 2005 Feb;27(2):281-8. doi: 10.1016/j.ejcts.2004.10.048. PMID: 15691683.  
3. The manuscript aims to provide a comparison between different grafting strategies. However, the only conclusion they provide is –“ Among patients with diabetes mellitus, compared with the saphenous vein, use of the radial artery as a second conduit improves long-term survival” However, their analysis showed improved outcomes in diabetics with TAR as well as BITA. It is not obvious why the authors do not include these findings in their conclusion. This has made the aim and the conclusion discordant. In general the introduction and the discussion can be improved upon.  
  
  
4. Table 2- Mean age appears wrong for Pevni and Iribane so is the BMI in the series of Iribane  
5. Table 1- Mean age appears wrong for Buxton series so is the BMI in Buxton as well as Yamaguchi. Kindly check all the data for accuracy.  
6. Page 11- the authors mention – “Parametric modelling confirmed our initial results [HR 0.75 (0.85 – 0.66)].” It seems they are referring to the pooled results between BITA and SITA. However, they have perhaps missed the pooled result in this section.  
  
7. Figures are not of good resolution and lack clarity  
8. Supplementary figure 1 should be included in the main manuscript as this is an essential part of the manuscript.  
  
There are some major concerns over non-inclusion of certain studies. In the absence of a reasonable justification the meta-analysis may need to be re-done. Besides there are several errors in the tables and the presentation can be improved upon. The manuscript is of significant value but requires major revision or justification.